Cabinet for Health and Family Services Kentucky Department for Public Health

APPLICATION FOR CERTIFICATION

PLEASE PRINT CLEARLY

Initial Renewa	l If renewal, curren	t Kentucky certifi	cation number	
For: Inspector	Risk Assessor Superviso	r Project De	signer Worker [Sampling Technician
Name:First	Last	Middle	_ SSN:	
			DOB:	
	State:		Work Phone: (Home Phone: (Fax Number: (Email Address:	}
If you are employed by le	ad- hazard companies currently	certified by the De	partment provide the foll	owing:
	ress:		Phone number: ()
*A color wallet size pho	oto no smaller than 2" by 2	' is required for	certification (i.e. passp	oort photo)
This is to affirm that the ab	pove (and attached) information	is accurate and has	been provided by me:	
Applicant Signature:		Date:		
	FOR DEPARTMENT F	OR PUBLIC HEA	LTH USE ONLY	
	Not to Be F	Filled Out By Appli	cants	
Certification Fee: Meth Check	nod of Payment: Date Rec'd c or Money Order	I	Processed by	_
Discipline Fee: \$	No			
Application Fee \$50.00	No			
Third Party Fee \$50.00	No			
	Approved		Disapproved	
	ASSIGNED CERTIF	ICATION NO:		

Mail To:

Department for Public Health Environmental Lead Program 275 East Main Street HS1E-B Frankfort, KY 40621

Attn: Certification